

PLEASE COMPLETE AND CORRECT ANY PRE-ENTERED INFORMATION

NAME IN FULL (fml): _____

DATE & PLACE OF BIRTH: _____

U.S. PASSPORT NUMBER: _____

SOCIAL SECURITY NUMBER: _____

U.S. ADDRESS (IF ANY, IF NOT PLEASE ENTER 'NONE'):

ADDRESS IN THE NETHERLANDS: _____

DATE OF DEATH: _____

COMPLETE ADDRESS WHERE DEATH OCCURRED:

(Hospital/Hotel, Street, number postcode, city)

DISPOSITION OF REMAINS (Please indicate):

DATE: _____ **/** **_** **/** **BURIAL** **/** **_** **/** **CREMATION**

NAME/ADDRESS

PLACE OF CEMETERY/CREMATORIUM: _____

NAME AND ADDRESS OF NEXT OF KIN: _____

PHONE: _____

PERSONAL EFFECTS DISPOSED BY (NAME AND PHONE NUMBER):

THE DECEASED WAS TRAVELING/RESIDING ABROAD WITH
(Please provide name & address):

NAME AND ADDRESS TO WHOM COPIES OF THIS REPORT SHOULD BE SENT:

PLEASE ENCLOSE THE FOLLOWING DOCUMENTS:

/___/ The deceased's U.S. passport

/___/ Dutch Death Certificate (from the city (gemeente) where death occurred)

/___/ International Death Certificate (from the city (gemeente) where death occurred)

/___/ Other : _____
